PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032
U.S. Patient and Trademy Coffice, U.S. Department of the Proposed for a collection of information under it discharge up the purpher.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/631,348			ing Date 31/2003	To be Mailed
APPLICATION AS FILED − PART I  (Column 1) (Column 2) SMALL ENTITY □ OR SMALL ENTITY											
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	$\neg$	N/A		N/A	ı	N/A	122(0)		N/A	TLL (0)
	SEARCH FEE (37 CFR 1.16(k), (f),		N/A		N/A	1	N/A			N/A	
	(37 CFR 1.16(k), (j), (EXAMINATION FE (37 CFR 1.16(o), (p),	E	N/A		N/A		N/A			N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =				x \$ =		OR	x s =	
IND	EPENDENT CLAIM CFR 1,16(h))	is	minus 3 = *			1	x \$ =			x s =	
	APPLICATION SIZE 37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pape 50 (\$125 ional 50 s	gs exceed 100 n size fee due for each n thereof. See CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))											
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		ı	TOTAL	
APPLICATION AS AMENDED - PART II         OTHER THAN           (Column 1)         (Column 2)         (Column 3)         SMALL ENTITY         OR         SMALL ENTITY											
AMENDMENT	04/30/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	* 68	Minus	<del>~</del> 68	= 0		x \$ =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	· 19	Minus	···19	= 0	ı	x \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))										
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR		
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())		Minus	••		l	x \$ =		OR	x s =	
M	Independent (37 CFR 1.16(h))		Minus	***		1	x \$ =		OR	x \$ =	
딦	Application Size Fee (37 CFR 1.16(s))					]					
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					ı			OR		
	•								OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write 0" in column 3.  If the "Highest Number Prevously Paid For IN THIS SPACE is less than 80, enter" 20".  If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "2".  If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3".											

This collection of information is equated by 37 CER 1.10. The information is required to obtain or retain a benefit by the public which is in life (and by the USETO to cooked) an implication. Confidentially is governed by 85 USE of 22 and 37 CER 1.4. If this collection is estimated to state 2 relativested to completed application form to the USETO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations form double to sent of the CENTED (Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations form double to sent to the CENTED (from the CERTED CERTED